

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23819

FILED AUG 12 1957

STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 374

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Cape Girardeau</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Gordonville</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Southeast Mo. Hospital</u>				Length of stay in lb <u>Life</u>		d. STREET ADDRESS <u>Rt #1</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Irene</u> Middle <u>Volkerding</u> Last <u>Volkerding</u>				4. DATE OF DEATH Month <u>August</u> Day <u>1</u> Year <u>1957</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>February 25, 1913</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		100. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and state or country) <u>Gordonville, Mo.</u>		9. AGE (In years last birthday) <u>44</u> IF UNDER 1 YEAR IF UNDER 24 HRS. Months <u>2</u> Days <u>16</u> Hours <u>9</u> Min.	
13. FATHER'S NAME <u>Albert Brase</u>				14. MOTHER'S MAIDEN NAME <u>Tillie Hoffman</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>490-05-4582</u>		17. INFORMANT <u>Joe Volkerding</u> Address <u>Gordonville, Mo.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma ovary with general metastases</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>175X</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 years</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month _____ Day _____ Year _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY _____ STATE _____	
21. I attended the deceased from <u>March 6, 1956</u> to _____ and last saw her alive on <u>July 31, 1957</u> Death occurred at <u>August 1, 1957</u> A. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Fred E. Lawrence MD</u>				22b. ADDRESS <u>24 N. SPRING - Cape Girardeau, Mo.</u>		22c. DATE SIGNED <u>8-3-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>August 3, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Zion Methodist Church</u>		23d. LOCATION (City, town, or county) (State) <u>Gordonville Missouri</u>	
24. FUNERAL DIRECTOR <u>Ford &amp; Sons F.H.</u> ADDRESS <u>Cape Girardeau, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>8-5-1957</u>		26. REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard forms for reporting diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *W. H. E. L. S.*

Licensed Embalmer No. *25*

P. O. Address *Cap...*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.